

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597,427

FILING DATE

7-25-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1		1		
3		1		1		
4	3			1		
5	8			1		
6	1			1		
7	9			1		
8	1			1		
9	1		1			
10		1		1		
11	2			1		
12	8			1		
13	8			1		
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TOTAL IND.	2		2			2
TOTAL DEP.	14	←	11	←	←	
TOTAL CLAIMS	16		13			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	←
TOTAL CLAIMS						